

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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.07 MAY -1 P12:24

LOBBYIST REGISTRATION FORM: AARAH (Type or Print Clearly)

PART I LOBBYIST					
NAME (Last)	(First)	(Middle)	TELEPHONE		
Kessler	Brian		808-988-9339		
MAILING ADDRESS (Street)			FAX		
Po Box 61681			808-988-9339		
(City)	(State)	(Zip	(Zip Code)		
Honolulu	HI	968	96839		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		retained to lobby)	TELEPHONE		
CHAIR LOVERNMET RELATIONS COMMITTER					
MAILING ADDRESS (Street)			FAX		
(City)	(State)	(Zip	Code)		

PART II ORGANIZATI	ON		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Honolulu Elks Lodge 616		808-923-5525	
MAILING ADDRESS (Street)		FAX	
2933 Kalakaua Ave		808-923-1726	
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
BRIAN KESSLER		808-923-5525	
MAILING ADDRESS (Street)	•	FAX	
2933 Kalakaua Ave		808-923-1726	
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	✓ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	✓ Housing	Public Safety & Corrections	Veterans Ageing Disabilities		
PART IV CERTIFICATION		//			
I hereby certify that the	information furnished above	e/s, to the best of my knowledg	ge, correct and complete.		
			18/07		
V	(Signature of Lobbyist) (Date)				
					
PART V AUTHORIZATIO	N TO LOBBY	TO P OF ALITHODISMO OFFICER			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Glen Beppu		Exalted Ruler			
NAME OF ORGANIZATION (if app	olicable)		TELEPHONE		
Honolulu Elks Lodge 616			808-923-5525		
MAILING ADDRESS (Street)	**************************************		FAX		
2933 Kalakaua Ave			808-923-1726		
(City)	(State)		Zip Code)		
Honolulu	HI 96815		96815		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Juan	Sypa		4/9/07		
(Signature of Authorizing Officer or Person Represented)		ented)	(Date)		